

when they got their insurance. There would be no copays for preventive care, all the kinds of things that Richard talks about that were lacking in his health care plan when he had insurance are dealt with and will simply not happen in the health insurance bill passed out of our committee.

Next is Marcia from Cuyahoga County, which is Cleveland. Cleveland has become a center for alternative energy in our State. In the next couple years, there will likely be a field of wind turbines in Lake Erie, the first time that has been done anywhere in the world in freshwater. There are a lot of things going on in Cleveland that work for our State and country.

Marcia writes:

I am a 56 year old continuously insured professional female, but currently unemployed.

Since my last job, each year my health insurance has skyrocketed.

With each of these premium increases, the coverage decreases, while co-pays and more deductibles go higher and higher.

It is a slippery slope.

Last year my health insurance had a triple increase in three months, which is equal to almost 1 week of my extended unemployment.

I was on a COBRA for 18 months. Then I had to find my own private health insurance.

That allows one to buy insurance after they lose their job. But they have to pay their own premiums and they have to pay their employer premium which very few people can afford once they have lost their jobs.

Marcia continues:

I applied to 5 companies and was rejected by 4 of them.

One rejection occurred before I even filled out the application.

The application forms are so complex and time consuming to recount one's entire life's medical care.

The one company that accepted me charged a 50 percent markup due to my prior conditions. Note, I had no major diseases but a few treated conditions.

I now realize that anyone with an illness is uninsurable.

One of the most important things to realize about this health insurance legislation is not just that it provides insurance for those who are uninsured or that it will assist those who are underinsured get better insurance. It also helps those who now have insurance. It allows them to keep the insurance they have, if they are satisfied. It also says we will have consumer protections built in so insurance companies no longer are allowed to deny you care because of preexisting conditions or allowed to game the community rating system, no longer allowed to deny care for a whole host of reasons that insurance companies do now. These consumer protections will help people who are newly insured and people who are now underinsured, as we provide more insurance, and it will help those people—these consumer protections will be built into existing insurance policies that people have today—who are generally satisfied with their insurance. They are satisfied now until they have

a major claim where the insurance companies might discontinue their care and might cut them off. Under our plan, the insurance companies would not be able to do that.

My last letter is from Justin from Cincinnati. That is in southwest Ohio along the Ohio River.

Justin writes:

I am a 25-year-old software tester with a wife and two daughters that rely on my income.

I've seen my health insurance costs more than double over the last year.

This is more than my mortgage, and it is absolutely crippling.

I've been living on advances trying to make ends meet.

Please fight for me; all I can do is plead and hope that you listen.

If that doesn't remind us how important this work on providing health insurance reform is to the people of this Nation.

Justin continues:

It drives me crazy that I pay so much a month to a company that takes my money and then uses it to try to defeat legislation that will help ease my financial burden.

He has read in the paper or seen on the Internet or heard on the radio or watched on channel 9 or channel 12, he has heard about lobbyists spending \$1 million a day to lobby the House and the Senate, pharmaceutical company lobbyists, health insurance lobbyists, to weaken this bill. He resents that he is paying these companies for his insurance and prescription drugs to pay the lobbyists to lobby Congress to weaken what we ought to be doing right for Justin and so many others.

Justin concludes:

Please take a stand for me and Americans that say we need a public option. This is literally a matter of life and death for many people.

It can't fail this time, we can't afford for it to.

Justin referred to the public option. There have been a lot of things said about the public option, most of them not true. The public option is a program that will be a government option, a government insurance policy, a choice provided by the Federal Government giving people the option. You can choose Aetna, a mutual company such as Medical Mutual in Ohio or Blue Cross or you can choose to go on the public option. The public option will have lower administrative costs. The public option will keep the insurance companies honest because we know what insurance companies do when they discontinue care, when they discriminate against people because of preexisting conditions. The public option also will save money because of competition. The public option simply makes sense.

I support strongly a public option. Senator WHITEHOUSE and I wrote the public option in the HELP Committee bill that passed. We wrote that public option because we believe in good old-fashioned American competition. I want the insurance companies to compete. I want the public option to com-

pete. We are going to get a better public option because of private competition, and we will get better private insurance because of public option competition. It is as simple as that. It is not a big government program. It simply says: Let's inject competition into the system so we get better health insurance.

There are a lot of accusations and untruths thrown around by opponents, the same people who tried to stop the creation of Medicare years ago and the same people who tried to privatize Medicare a few years ago. We know this bill protects what works and will fix what is wrong. We will all be better off as a result.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. BROWN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KYL. Mr. President, I ask unanimous consent that an article by Martin Feldstein, "Obama's Plan Isn't the Answer" printed in the Washington Post, Tuesday, July 28, 2009, printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Washington Post, July 28, 2009]

OBAMA'S PLAN ISN'T THE ANSWER

(By Martin Feldstein)

For the 85 percent of Americans who already have health insurance, the Obama health plan is bad news. It means higher taxes, less health care and no protection if they lose their current insurance because of unemployment or early retirement.

President Obama's primary goal is to extend formal health insurance to those low-income individuals who are currently uninsured despite the nearly \$300-billion-a-year Medicaid program. Doing so the Obama way would cost more than \$1 trillion over the next 10 years. There surely must be better and less costly ways to improve the health and health care of that low-income group.

Although the president claims he can finance the enormous increase in costs by raising taxes only on high-income individuals, tax experts know that this won't work. Experience shows that raising the top income-tax rate from 35 percent today to more than 45 percent—the effect of adding the proposed health surcharge to the increase resulting from letting the Bush tax cuts expire for high-income taxpayers—would change the behavior of high-income individuals in ways that would shrink their taxable incomes and therefore produce less revenue. The result would be larger deficits and higher taxes on the middle class. Because of the